00006145

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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R.A. Change

Office Use Only

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COVER LETTER

Division of Corporations
SUBJECT: UpValley, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P04000061451
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM A. SELESKY
(Name of Contact Person)
UpValley, Inc.
(Firm/Company)
951 Kenmore St. NW
(Address)
Palm Bay, FL 32907-7830
(City/State and Zip Code)
For further information concerning this matter, please call:
William A. Selesky (Name of Contact Person) at (321) 722-3237 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, t nized under the laws of the State of <u>FLORIC</u> tered agent, or both, in th <mark>e State</mark> of Florida.	
1. The name of	the corporation: UpValley, inc.		
2. The principal	office address: 951 KENMORE ST. 1	NW, PALM BAY, FL 32907-7830	
3. The mailing a	address (if different): SAME		
4. Date of incor	poration/qualification: 04/05/04	Document number: P04000061451	
	d street address of the current registered a rtment of State:	agent and registered office on file with the	변호
	LINDA B. BEYRIES		
	4610 FLOOD ST.		TAS S
	PORT ST. JOHN, FL 32927		SEP ECRE
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	OS SEP 21 AM 'SECRETARY OF TALLAHASSEE, F
	WILLIAM A. SELESKY		9: 5 FLOR FLOR
	951 KENMORE ST. NW		ALT O
	(P.O. Box NOT acceptable		
	PALM BAY, FL 32907-7830		· . · · —
The street addr as changed will	ess of its registered office and the street be identical.	t address of the business office of its registe	red agent,
Such change w authorized by t	as authorized by resolution duly adopte he beard, or the corporation has been n	ed by its board of directors or by an officer sotified in writing of the change.	io.
(Signat	trock BASSET	LINDA B. BEYRIES, DIRECTOR (Printed or typed name and title)	· .
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in to s been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete pe ligation of my position as registered agent. he registered office address, I hereby confir e.	rformance Or, if this m that the
CC		09/17/05	
•	gnature of Ragistered Agent)	(Date)	
If signing on be	chalf of an entity:		
(Typed or Printed Name)		-

* * * FILING FEE: \$35.00 * * *